



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY PHYSICAL DISABILITY AGENCY**  
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AHRC-DZB

10 December 2009

MEMORANDUM FOR Presidents, U.S. Army Physical Evaluation Boards

SUBJECT: Posttraumatic Stress Disorder: Stressor "Validation"

1. This memorandum supersedes the memorandum dated 15 December 2008, "Requirement to Validate Post-Traumatic Stress Disorder (PTSD)".
2. The USAPDA does not require Medical Evaluation Boards (MEB) or Soldiers to provide credible supporting evidence of a PTSD stressor.
3. Although it is the responsibility of the MEB examiner/MEB to establish the diagnosis of PTSD in accordance with the diagnostic criteria in DSM-IV, PEBs must ensure that the MEB findings are consistent with the case facts. There must be competent medical evidence to support the diagnosis of PTSD as defined in DSM-IV, TR. This includes attending to the DSM-IV differential diagnosis discussion found on page 467 of *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision, Washington, DC, American Psychiatric Association, 2000. The MEB assessment must follow the guidance found in the [Initial Evaluation for Post-Traumatic Stress Disorder \(PTSD\)](#) VA worksheet. The fundamental and first requirement for the diagnosis of PTSD involves "exposure to an extreme traumatic stressor" as further detailed in DSM-IV. That stressor must be identified by the medical examiner who must also establish the link between the Soldier's current symptoms and the stressor. If the MEB examiner fails to do so, the PEB will return the case with a clear discussion of where the deficit exists and what is required of the MEB to correct the deficit.
4. If the PEB has cause for concern about the validity of the MEB diagnosis, there must be a reasonable basis for the concern. The PEB must clearly articulate that basis in any further dealings with the MTF. The mere fact that the MEB bases the diagnosis of PTSD, as far as the requisite stressor criterion is concerned, solely on the statement of the affected Soldier is not sufficient grounds for challenging the validity of the diagnosis. However, if the PEB finds evidence that conflicts with the Soldier's version or casts reasonable doubt on the diagnosis of PTSD, the PEB should return the case to the MTF, citing the evidence and indicating how it appears to cast doubt on whether the diagnostic criteria have been met.
5. When making 10a/c decisions, if the PEB accepts PTSD as a diagnosis, and the primary stressor identified in the examination report is combat related, the PEB will award 10a/c.

//signed//

Daniel Cassidy  
Colonel, IN  
Deputy Commander